

Conclusions: Repairing all hernias that come to surgical attention would not stop emergency hernia admissions as 74% of our patients had not seen a surgeon prior to the acute episode. However, in elderly patients, women, children, femoral types and recurrent hernias, early repair is advisable even if they are asymptomatic.

0237 HOW CLOSE ARE WE TO ACHIEVING THE QUALITY IMPROVEMENT FRAMEWORK (QIF) FOR ABDOMINAL AORTIC ANEURYSM (AAA) REPAIR: A TEMPORAL PROGRESSION

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Aims: The aim of this work was to assess AAA patient management compared to the QIF guidelines and review our patient's outcomes.

Methods: We sampled 103 elective AAA notes, undergoing open repair between April 1999–July 2010. Demographic, pre operative workup and outcome details were recorded. The median AAA size was 6.5cm (range 3.7–12). There were 82 males (median age 74, range: 46–83 years) and 21 females (median age 75 range: 61–84 years).

Results: Seventy-three patients (70.9%) attended formal pre admission assessment clinic, while the remaining 30 patients (29.1%) were assessed during admission. The ASA grade breakdown was: I 1.9%; II 25.2%; III 68%; IV 4.9%. Co-existing ischaemic heart disease and COPD were 42.7% and 18.4% retrospectively. Cardiology review was obtained for 42.7% of patients and post 2002 reviews became more frequent ($p=0.002$). The overall post operative serious complication rate was 26.2%, with no operative deaths. Two and five year survival was 89.3% months and 85.3% respectively.

Conclusion: Local practice has pre-empted many of the requirements of the QIF, and the number of patients receiving cardiology review has increased over the last 10 years. There are still areas that need addressing if we are to fulfil all aspects of the QIF.

0240 EXPOSURE OF SURGICAL TRAINEES TO APPENDICECTOMY PROCEDURES – A TEN YEAR COMPARISON

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Aims: Reform of the Surgical Registrar grade by Kenneth Calman (1993), Modernising Medical Careers (2005) and the resultant changes from European Working Time Directive (1998) have reduced hours spent in training: 30,000 to 6,000 hours. Traditionally an appendectomy was an SHO teaching case and guide to ability. We used this index procedure to examine changes in surgical trainees experience over the last decade.

Methods: Retrospective review was performed using the hospital computer system and theatre log-book. Data was collated for consecutive appendicectomies performed at this institution over three 15 month periods: January 2000 to April 2001; January 2004 to April 2005 and January 2009 to April 2010. Cases were excluded if data was incomplete or if appendectomy was not the primary surgery.

Results: Data from 900 cases were examined, 20 patients were excluded from analysis. The proportion of procedures by the SPR has increased 41.6% to 78.2%. The number of SHO appendicectomies has dropped from 49.2% cases to 11.9%.

Conclusions: Results demonstrate a marked reduction in appendectomy procedures performed by an SHO (1/5) and a decrease in theatre experience that has been generally accepted but not measured. This analysis highlights need for a structured operative training programme.

0245 MEDICAL STUDENT SURGICAL TRAINING: THE POSITIVE IMPACT OF A STUDENT ON-CALL TRANSPLANT ROTA

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Aims: Due to limited exposure to transplant surgery in most medical curricula, we evaluated an on-call transplantation rota to determine whether participation increases confidence and competence of students in performing surgical skills.

Methods: Data were collected prospectively at enrolment and after each callout, using a six-item Likert-type self-assessment questionnaire. Initially, students were dichotomised into those with previous transplantation experience ($n=13$) and without ($n=14$); subsequently a t-test was utilised. Responses for the entire period and to individual questions were analysed using a linear mixed effects model to account for the confounding factors.

Results: Although data collection is on-going, there is greater reported confidence amongst those who have taken part in call-outs compared with those who have not ($p<0.01$). Analysis of linear mixed effects regressions shows variation between the effects of participation by students in the on-call rota on self-reported confidence in different areas associated with the transplantation process.

Conclusions: Student participation in an on-call transplant rota is associated with a reported improvement in confidence in a number of surgical areas. The change in reported confidence with respect to number of callouts differs between surgical areas considered, suggesting areas where attention could be directed towards alteration of surgical teaching especially in transplantation.

0246 HOW LONG SHOULD POST-OPERATIVE PROPHYLACTIC ANTIBIOTICS BE GIVEN TO PREVENT INTRA-ABDOMINAL INFECTIONS FOLLOWING APPENDICECTOMY FOR SIMPLE AND COMPLICATED APPENDICITIS?

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Aims: Appendicectomies are associated with postoperative intra-abdominal infections (IAIs). This study assesses the affects that lengths of post-operative prophylactic antibiotic regimens have on IAIs.

Methods: Data on patients who underwent appendicectomy between August 2009 and August 2010 were reviewed. Operative findings, technique, patient physiology and antibiotic regimens were determined. Chi-square and multivariate regression analyses were constructed to establish associations and predictors of IAIs.

Results: 266 patients underwent appendicectomy for normal/simple appendicitis ($n=188$) or complicated appendicitis ($n=78$). 18 (6.7%) IAIs were observed - eight following normal/simple appendicitis, 10 following complicated appendicitis. Prolonged post-operative antibiotic course length did not result in a significant difference in IAI incidence in normal/simple appendicitis {no antibiotics ($n=50$) -2 IAIs (4%); ≤ 5 days antibiotics ($n=106$) -4 IAIs (3.8%); >5 days antibiotics ($n=32$) -2 IAIs (6.2%); $p=0.632$ } or complicated appendicitis {no antibiotics ($n=2$) -0 IAIs (0%), ≤ 5 days antibiotics ($n=32$) -3 IAIs (9.4%), >5 days antibiotics ($n=44$) -7 IAIs (15.9%); $p=0.321$ }. In complicated appendicitis, stopping IV antibiotics when signs of sepsis (leukocytosis and/or pyrexia) were evident was significantly predictive of developing IAIs (OR 8.31; $p=0.013$).

Conclusions: Prolonging post-operative antibiotic courses is not preventative of IAIs and should be discouraged. However, in complicated appendicitis, IV antibiotics should be continued until signs of sepsis have gone.

0247 SHOULD LAPAROSCOPIC APPENDICECTOMY BE PERFORMED IF THE APPENDIX APPEARS NORMAL ON INSPECTION?

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Aims: Laparoscopic appendicectomy is often performed even when the appendix appears normal. This study assesses the accuracy of macroscopic assessment of the appendix when compared to pathological assessment. It also assesses rates of intra-abdominal infection (IAI) and wound infection (WI) in this population.

Methods: Data on all patients who underwent a laparoscopic appendicectomy between August 2009 and August 2010 were reviewed. All

patients with a normal appendix observed at laparoscopy were included. Any infective complication occurring within 30 days of the operation was included. The operative findings were compared to the pathology report.

Results: 266 case notes were reviewed. 33 patients were deemed to have a normal appendix at laparoscopy and subsequently underwent appendectomy. 11/33(33%) were found to have pathological reports showing either simple (n=8) or complicated (n=3) appendicitis. 5/33(15%) patients had post-operative infective complications (3 IAIs, 2 WIs). Of these, one IAI was from a simple appendicitis, and the remaining four complications were from normal appendices.

Conclusion: Appendectomy in patients with a normal appendix can have significant complications. However macroscopic assessment of the appendix can be inaccurate. Therefore a balance must be struck between potential risks and benefits when performing an appendectomy in patients with a normal appearing appendix.

0248 SURVIVAL OF PATIENTS WITH OESOPHAGO-GASTRIC CANCER TREATED WITH NON-CURATIVE INTENT

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Background: Oesophagogastric cancer has the 5th highest incidence of cancers in the UK. The majority of these patients are initially diagnosed with advanced non-curative disease, which presents a large burden of care.

Aim: Assess the survival of patients with oesophago-gastric cancer treated with non-curative intent (chemotherapy and/or radiotherapy or best supportive care).

Methods: Overall, 788 patients from 9 different hospitals in South-East Wales were identified; diagnosed with oesophago-gastric cancer from 1993–2006 and given non-surgical management. During the recorded period 670 patients died and were used to calculate survival (using Kaplan-Meier curves and a Log-Rank test).

Results: The database included 788 patients in total; 495 males; median age 70 years, range 34–94 years. The median survival was 7 months. The median survival rates for each treatment group are: Best Supportive Care patients, 6 months (range 0–76 months); Palliative Chemotherapy, 8 months, (range 2–76 months); Chemoradiotherapy on a palliative basis, 11 months, (range 3–17 months). The Log-Rank is 5.16 with a p-value of 0.076.

Conclusion: There was an observed positive survival trend for patients receiving palliative adjuvant chemotherapy and/or radiotherapy when compared to best supportive care, although other factors need to be taken into consideration when treating patients with advanced oesophago-gastric cancers.

0255 TARGETED NANOMEDICINE FOR THERAPY IN ORAL CANCERS

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Introduction: Oral squamous cell carcinoma is an aggressive disease, refractive to current therapies and there have been no significant improvements in patient prognosis over the past 25 years. Magnetic fluid hyperthermia (MFH) is a novel concept in cancer therapy using the unique properties of superparamagnetic iron oxide nanoparticles (SPIONs) to generate heat when placed within an external alternating magnetic field. MFH has previously safely been used as therapy in prostate cancer via direct intratumoural injection. We propose that MFH can be delivered more effectively using antibody targeting.

Methods/Results: The $\alpha v \beta 6$ integrin is an exciting new target in OSCC, over-expressed in 80% of OSCC with minimal expression in healthy mucosa. We have recently developed a single chain antibody fragment (scFv) specific for $\alpha v \beta 6$ which blocks $\alpha v \beta 6$ mediated cell-cell adhesion and shows high ligand affinity on ELISA and FACS analysis. Further, we have conjugated the $\alpha v \beta 6$ specific scFv to several commercially available SPIONs and demonstrated successful targeted cell kill in-vitro using OSCC cell lines.

Conclusion: These data give rise to the possibility of using antibody targeted MFH as a novel therapy in OSCC and recent advances in the application of MFH will be discussed.

0257 THE EFFECTIVENESS OF URODYNAMIC EVALUATION IN PATIENTS UNDER AGE OF 60 YEARS PRESENTED WITH LOWER URINARY TRACT SYMPTOMS

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Objective: To study the value of urodynamic investigation (UDI) in the management of patients under the age of 60 years presented with lower urinary tract symptoms and the impact of the UDI findings on subsequent treatment.

Methods: A retrospective study of 92 patients who attended the continence clinic at our institute for UDI was performed using case-records. The notes were studied for demographic characteristics, mode of presentation, investigations, treatment and disease progression. Primary endpoint was the discharge rate at 1 year.

Results: 85% of patients had flexible cystoscopy (n=78) with abnormal findings detected in 31% of patients. Flexible cystoscopy was a reliable tool for detecting bladder outflow obstruction (BOO) as their findings were compatible with subsequent UDI findings (p=0.003). 65% patients among all age groups had BOO. Only few had pure overactive bladder and they were in the 20–29 years group. 56% of patients between the age of 40 and 59 years who had UDI-proven BOO needed TURP with 100% 1-year discharge rate compared to only 8% in patients between 20–39 years (p=0.002).

Conclusion: UDI can be of value in investigating patients with LUTS. Our study shows that it can predict the need for TURP in patients with urodynamically proven BOO.

0258 CLINICAL OUTCOMES FOLLOWING CUBITAL TUNNEL RELEASE – SELF-ADMINISTERED QUESTIONNAIRES

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Background: To use self-administered questionnaires for clinical outcomes following cubital tunnel release – patient outcome measurement. QuickDash and a new questionnaire (ulnar neuropathy at the elbow questionnaire-UNEQ) used for assessment of symptoms severity of cubital tunnel compression before and after the day-case surgery.

Methods: 26 consecutive patients (18 males, 8 females) enrolled in the questionnaires with mean age of 47 (range 20–88). All underwent cubital tunnel release under GA as a day case operation.

Results: Mean of the post operative follow up is 12 months (range 2–19 months). There is significant improvement in the symptoms severity following cubital tunnel release as shown by QuickDash and UNEQ, with p values of 0.001 (95% CI 8.94–29.18) and 0.010 (95% CI 1.28–8.65). Spearman's correlation coefficients between QuickDash and UNEQ were 0.552 preoperatively and 0.788 in the follow up.

Conclusions: As far as we are aware, no other study has applied the UNEQ scoring system into their practice nor compared it with the QuickDASH score. Our study has shown that the UNEQ is a more responsive outcome measure compared to the Quick DASH for assessment of the surgical outcome following treatment for cubital tunnel syndrome. UNEQ is also more sensitive to the change in clinical condition.

0266 BILATERAL WRIST ARTHRODESIS USING RUSH PIN AND FRESH FROZEN FEMORAL HEAD ALLOGRAFT: A CASE REPORT

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Aims: We report a new method of treating rheumatoid patients suffering from failed Swanson arthroplasties of the wrist.

Methods: A rheumatoid patient underwent bilateral wrist arthrodesis for severe pain and instability following previous Swanson silastic arthroplasties. The Swanson implant was removed and a Rush pin was inserted at the base of the 3rd metacarpal. This was augmented with a frozen femoral head allograft. Two AO screws were then fixed from the 2nd and 4th metacarpals into the femoral bone graft (thereby improving rotational stability). The procedure was performed bilaterally at separate occasions.